



CONFIRMATION NO. 2606

Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER 10/822,315 | FILING OR 371(c) DATE 04/12/2004 RULE | CLASS 600 | GROUP ART UNIT 3766 | ATTORNEY DOCKET NO. 1001.1749101 |
|-----------------------------|--|--------------|------------------------|--|

APPLICANTS

Bryan Leasure, Austin, TX;

**** CONTINUING DATA** ***** *1K1***** FOREIGN APPLICATIONS** ***** *1K1***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/22/2004**

| | | | | | |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | TX | 9 | 32 | 3 |
| Verified and Acknowledged | <i>Dave Miller</i> <i>1K1</i> Examiner's Signature Initials | | | | |

ADDRESS

28075

TITLE

Cyclical pressure coronary assist pump

| | | |
|----------------------------|---|---|
| FILING FEE RECEIVED 986 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------|---|---|